**Reimbursement Requests:**
**Email by the 10th working day of each month, the approved original copy of this document along with the support documentation to the following:**
mcsanchez@nola.gov

# ATTACHMENT C

## BUDGET AND COST CONTROL STATEMENT



**Period Ending Date:**
**Contract Period: May 1, 2025 - April 30, 2026**
**Project Name: YWCA's Facility Redevelopment Project**
**Project Number: CDBG-CV12(25)**
**PO Number:** **Vendor#**
**HUD Activity Number:**
**Operating Agency: Young Women's Christian**
**OCD Authorization: AH**

**GRANT AMOUNT:** **$250.000.00**
**PROGRAM INCOME:** **$0.00**

Instructions for completing Cost Control Statement:
*Add Columns (2, 3 and 4) to obtain Column (5), then*
*Subtract Column 5) from Column (1) to obtain Column (6)*

| | | | | | | | | FOR FISCAL ACCOUNTANT USE ONLY | |
|---|---|---|---|---|---|---|---|---|---|
| **Organization Code** | **Option Code** | **(1)** **Amount Per Latest Approved Budget** | **(2)** **Cost for Reported Month** | **(3)** **Cumulative Cost Thru Last Month** | **(4)** **Recoupment** | **(5)** **YTD Cost Thru Reported Month** | **(6)** **Balance of Funds** | **(7)** **LESS Questioned Cost** | **Description** |
| Cost Category | Line Item | | | | | | | | |
| 1000 - Personal Services | | | | | | | $ - | | |
| | | | | | | | $ - | | |
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| | **1000 - Subtotal:** | $ - | $ - | $ - | $ - | $ - | $ - | | |

*BUDGET AND COST CONTROL STATEMENT (Page 2 of 3)*

*Instructions for completing COST CONTROL STATEMENT: Add Columns (2, 3 and 4) to obtain Column (5), then Subtract Column (5) from Column (1) to obtain Column (6).*

| | | | | | | | | FOR FISCAL ACCOUNTANT USE ONLY | |
|---|---|---|---|---|---|---|---|---|---|
| | | (1) Amount Per Latest Approved Budget | (2) Cost for Reported Month | (3) Cumulative Cost Thru Last Month | (4) Recoupment | (5) YTD Cost Thru Reported Month | (6) Balance of Funds | (7) LESS Questioned Cost | Description |
| Cost Category | Line Item | | | | | | | | |
| 2000 - Contractual Services | 2150- Soft Cost (Facility Rehabilitation) | $ 250,000.00 | | | | $ - | $ 250,000.00 | | |
| | | | | | | | $ - | | |
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| | **2000 - SUBTOTAL:** | **$ 250,000.00** | **$ -** | **$ -** | **$ -** | **$ -** | **$ 250,000.00** | | |
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| 3000 - Supplies & Materials | | | | | | $ - | $ - | | |
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| | **3000 - SUBTOTAL:** | **$ -** | **$ -** | **$ -** | **$ -** | **$ -** | **$ -** | | |

*BUDGET AND COST CONTROL STATEMENT (Page 3 of 3)*

*Instructions for completing COST CONTROL STATEMENT: Add Columns (2, 3 and 4) to obtain Column (5), then Subtract Column (5) from Column (1) to obtain Column (6).*

| | | | | | | | | FOR FISCAL ACCOUNTANT USE ONLY | |
|---|---|---|---|---|---|---|---|---|---|
| | | (1) Amount Per Latest Approved Budget | (2) Cost for Reported Month | (3) Cumulative Cost Thru Last Month | (4) Recoupment | (5) YTD Cost Thru Reported Month | (6) Balance of Funds | (7) LESS Questioned Cost | Description |
| Cost Category | Line Item | | | | | | | | |
| 4000 - Equipment & Property | | | | | | | $ - | | |
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| | **4000 - SUBTOTAL:** | $ - | $ - | $ - | $ - | $ - | $ - | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | **BUDGET AMOUNT:** | $ 250,000.00 | $ - | $ - | $ - | $ - | $ 250,000.00 | | |
| | PROGRAM INCOME AMOUNT: | | | | | | | | |
| | TOTAL AMOUNT REQUESTED: | | | | | | | | |
| | LESS PROGRAM INCOME: | | | | | | | | |
| | LESS QUESTIONED COST: | | | | | | | | |
| | ALLOWED REIMBURSEMENT TOTAL: | | | | | | | | |

**CERTIFICATION:**

I certify that to the best of my knowledge and belief this report is true in all aspects and that all supporting documentation for which the agency is requesting reimbursement is maintained in compliance with the conditions of the contract and grant provisions.

For the Period Ending: _____

Cash Balance Beginning of Month $

Add: Cash Receipts: $

Less: Cash Disbursement: $

Cash Balance End of Month:$

Signature of Authorized Official | Title | Phone Number | Ext.

Signature of Accountant / Preparer | Date Signed | Phone Number | Ext.

For Fiscal Accountant use Only

This Budget and Cost Control Statement has been authorized for payment.

Fiscal Accountant

Date